

AO 435 (Rev. 12/03)		Administrative Office of the United States Courts			FOR COURT USE ONLY <b>DUE DATE:</b>	
<b>TRANSCRIPT ORDER</b>						
Please Read Instructions above						
1. NAME J. Mitchell Carrington for Financial Guaranty Ins.		2. PHONE NUMBER (601) 985-4403		3. DATE 12/14/2017		
4. MAILING ADDRESS P. O. Box 6010 Email: mitch.carrington@butlersnow.com		5. CITY Ridgeland		6. STATE MS	7. ZIP CODE 39158	
8. CASE NUMBER 17 BK 3283-LTS		9. JUDGE Dien		DATES OF PROCEEDINGS 10. FROM 12/14/2017 11. 12/14/2017		
12. CASE NAME Commonwealth of Puerto Rico				LOCATION OF PROCEEDINGS 13. Boston 14. MA		
15. ORDER FOR <input checked="" type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS		<input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		12/14/2017
<input type="checkbox"/> SENTENCING						
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL (Includes Free Copy for the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS	
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
DAILY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 1			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00	
18. SIGNATURE				PROCESSED BY		
19. DATE 12/14/2017				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS		
ORDER RECEIVED		DATE	BY			
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00	

(Previous editions of this form may still be used)

<b>DISTRIBUTION:</b>	COURT COPY	TRANSCRIPTION COPY	ORDER RECEIPT	ORDER COPY
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